

# Best Available Copy

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1					51	1			
2	1					52	1			
3	1					53	1			
4	1					54	1			
5	1					55	1			
6	1					56	1			
7	1					57	1			
8	1					58	1			
9	1					59	1			
10	1					60	1			
11	1					61	1			
12	1					62	1			
13	1					63	1			
14	1					64	1			
15	1					65	1			
16	1					66	1			
17	1					67	1			
18	1					68	1			
19	1					69	1			
20	1					70	1			
21	1					71	1			
22	1					72	1			
23	1					73	1			
24	1					74	1			
25	1					75	1			
26	1					76	1			
27	1					77	1			
28	1					78				
29	1					79				
30	1					80				
31	1					81				
32	1					82				
33	1					83				
34	1					84				
35	1					85				
36	1					86				
37	1					87				
38	1					88				
39	1					89				
40	1					90				
41	1					91				
42	1					92				
43	1					93				
44	1					94				
45	1					95				
46	1					96				
47	1					97				
48	1					98				
49	1					99				
50	1					100				
<b>TOTAL IND.</b>						<b>TOTAL IND.</b>	5			
<b>TOTAL DEP.</b>						<b>TOTAL DEP.</b>	72			
<b>TOTAL CLAIMS</b>						<b>TOTAL CLAIMS</b>	77			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS